

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **38257**
10027
Registrar's No. _____FILED DEC 2 1948 **318**Primary Registration District No. **1005**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days** (Specify whether
in this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Harry L. Humber**3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased **November 16th, 1872**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 **0** **1** hr. min.9. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Salesman**11. Industry or business **Industrial Floor & Dec. Co.**12. Name **Robert J. Humber**13. Birthplace **England**
(City, town, or county) (State or foreign country)14. Maiden name **Minnie C. Eckhardt**15. Birthplace **Hermann, Missouri**
(City, town, or county) (State or foreign country)16. (a) Informant **Robert W. Humber**(b) Address **2721 Harrison, Kansas City, Mo.**17. (a) **Burial** (b) Date thereof **11/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Bellefontaine Cemetery**18. (a) Signature of funeral director **Calvin F. Feutz**(b) Address **4828 Natural Bridge Boulevard**19. (a) **NOV 19 1948** (b) **J. B. Rosier**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **San**
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3911a Botanical Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17th**
year **1948** hour **7** minute **30** P.M.21. I hereby certify that I attended the deceased from **Nov. 13**
13 to **Nov. 17**, 19**48**
that I last saw him alive on **Nov. 17**, 19**48**
and that death occurred on the date and hour stated above.Immediate cause of death **Pulmonary pneumonia (right) 5 days**
(type unknown) DurationDue to **108**Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury **(c)**23. Signature **N. J. Bergman** (M. D. or other) **MD**
Address **3750 Washington** Date signed **11/17/48**

8:30 to 9:30 am
Fri
1 to 3 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. Mlesian

Licensed Embalmer No. *4186*

P. O. Address.....

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.